

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
091 595- 599  
APPLICANT(S)

FILING DATE  
6-15-00

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2		1		
3		1		
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44		1		
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48				
49				
50				
TOTAL ND.	8			
TOTAL DEP.	36			
TOTAL CLAIMS	44			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL DEP.								
TOTAL CLAIMS								

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